

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29149

State File No. ....

FILED OCT 5 - 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 255

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporation, write RURAL and give township) <u>Fulton</u>		c. CITY OR TOWN <u>Kirksville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>13</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp #1</u>		e. STREET ADDRESS (If rural, give location) <u>100 N. Main</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Curtis</u> b. (Middle) <u>M.</u> c. (Last) <u>Mitchell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-1-55</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>10-7-81</u>
9. AGE (In years last birthday) <u>74</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stenographer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Concord, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Benjamin J. Mitchell</u>		13b. MOTHER'S MAIDEN NAME <u>Concord Threlkeld</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>DIC</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harold Reed</u> ADDRESS <u>Fulton, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Basilar hemorrhage</u> DUE TO (c) <u>Epileptic clouded state</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>3533</u>		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept 9</u> 19 <u>50</u> , to <u>Oct. 1</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Sept 30</u> , 19 <u>55</u> , and that death occurred at <u>3:27</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. J. Bremer MD</u>		23b. ADDRESS <u>State Hosp #1</u>	
23c. DATE SIGNED <u>10-1-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>OCT. 3, 1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>FUA</u>		24d. LOCATION (City, town, or county) (State) <u>FUA, MO</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Martha Lawrence</u> ADDRESS <u>426</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Maupin Funeral Home</u> ADDRESS <u>Fulton, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *J. J. Ross*.....

Licensed Embalmer No. *255*

P. O. Address *Houston*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.